Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 TN0602 B. WING 07/22/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3530 KEITH ST NW LIFE CARE CENTER OF CLEVELAND CLEVELAND, TN 37311 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY** N1410 1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness N1410 What corrective actions(s) will be accomplished 09/06/13 for those residents found to have been affected (2) Physical Facility and Community Emergency by the deficient practice: Plans. Upon observation, the facility did not have proper documentation in reference to disaster (a) Physical Facility (Internal Situations). preparedness pertaining to earthquake drills. An Earthquake Drill education and practice have 5. Each of the following disaster preparedness been exercised and documented as appropriate. plans shall be conducted annually prior to the month listed in the plan. Drills are for the How you will identify other residents having the purpose of educating staff, resource potential to be affected by the same deficient determination, testing personnel safety provisions practice and what corrective action will be and communications with other facilities and community agencies. Records which document The Maintenance Director will monitor and maintain supporting documentation to ensure all and evaluate these drills must be maintained for required drills are completed as required to be in at least three (3) years. compliance. (ii) External disaster procedures plan (for What measures will be put into place or what tornado, flood, earthquake), to be exercised prior systematic changes you will make to ensure to March, shall include: that the deficient practice does not recur; and The Maintenance Director will monitor and (I) Staff duties by department and job maintain supporting documentation to ensure all assignment; and. required drills are completed as required to be in compliance. (II) Evacuation procedures. How the corrective action(s) will be monitored This Rule is not met as evidenced by: to ensure the deficient practice will not recur; Based on record review, the facility failed to i.e., what quality assurance program will be put exercise external disaster drills. into place. The findings include: The Administrator will monitor this corrective Record review on July 22, 2013 at 10:30 a.m. action to ensure continued compliance. revealed no documentation was available to show that an earthquake drill was exercised annually. This finding was verified and acknowledged by the administrator during the exit conference on July 22, 2013. N1411 1200-8-6-,14(2)(a)5.(iii) Disaster Preparedness N1411 (2) Physical Facility and Community Emergency Division of Health Care Facilities TITLE (X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM

**N5FK21** 

If continuation sheet 1 of 2

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 TN0602 B. WING 07/22/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3530 KEITH ST NW LIFE CARE CENTER OF CLEVELAND CLEVELAND, TN 37311 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N1411 Continued From page 1 N1411 What corrective actions(s) will be 09/06/13 accomplished for those residents found to Plans. have been affected by the deficient (a) Physical Facility (Internal Situations). practice: Upon observation, the facility did not have 5. Each of the following disaster preparedness proper documentation in reference to plans shall be conducted annually prior to the disaster preparedness pertaining to bomb month listed in the plan. Drills are for the threat drills. A Bomb Threat Drill education purpose of educating staff, resource and practice have been exercised and determination, testing personnel safety provisions documented as appropriate. and communications with other facilities and community agencies. Records which document How you will identify other residents and evaluate these drills must be maintained for having the potential to be affected by the at least three (3) years. same deficient practice and what corrective action will be taken; (iii) Bomb Threat Procedures Plan, to be The Maintenance Director will monitor and exercised at any time during the year: maintain supporting documentation to (I) Staff duties by department and job ensure all required drills are completed as assignment; and, required to be in compliance. (II) Search team, searching the premises. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not retaryand This Rule is not met as evidenced by: The Maintenance Director will monitor and Based on record review, the facility failed to maintain supporting documentation to exercise external disaster drills. ensure all required drills are completed as The findings include: required to be in compliance. Record review on July 22, 2013 at 10:30 a.m. revealed no documentation was available to show How the corrective action(s) will be that a bomb threat drill was exercised annually. monitored to ensure the deficient practice will not recur; i.e., what quality assurance This finding was verified and acknowledged by the administrator during the exit conference on program will be put into place. July 22, 2013. The Administrator will monitor this corrective action to ensure continued compliance. Division of Health Care Facilities

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